

X the appropriate  
copy designator.

☐ Copy 1- AGENCY (TRAINING/PERSONNEL FOLDER)  
☐ Copy 6- AGENCY (FINANCE/DISBURSING, TUITION)

☐ Copy 7- AGENCY (FINANCE/DISBURSING, BOOKS, Etc.)  
☐ Copy 8- AGENCY (EMPLOYEE)

☐ Copy 10- ACTIVITY (OPTIONAL USE)

## REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)	B. STANDARD DOCUMENT NUMBER (Org. identifier/FY/Doc./type code/Serial Number)	C. REQUEST STATUS OR PROCESS CODE (X one)		D. AMENDMENT NO.
		(1) Initial	(2) Resubmission	
		(3) Correction	(4) Cancellation	

### SECTION A - TRAINEE / APPLICANT INFORMATION

1. NAME (Last, First, Middle Initial)	2. 1st 5 LETTERS OF LAST NAME	3. SOCIAL SECURITY NUMBER	4. ED. LEVEL	5. CONTINUOUS FEDERAL SVC. a. Years      b. Months	
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)	7. TELEPHONE NUMBERS (Include area code)		8. POSITION TITLE		
	a. Home b. Office				
11. ORGANIZATION NAME	(1) Commercial		9. POSITION LEVEL (X one)		10. PAY PLAN/SERIES/GRADE/STEP (Rank/MOS/AFSC/or Navy Designator)
	(2) DSN		a. Executive b. Manager		
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)	13. ORGANIZATION UIC		c. Supervisory		14. TYPE OF APPOINTMENT
	16. ARE YOU HANDICAPPED OR DISABLED? (X one)		d. Non-Supervisory		
	Yes		e. Other (Specify)		15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS
	No				

### SECTION B - TRAINING COURSE DATA

17. COURSE TITLE					
18. TRAINING OBJECTIVES (Benefits to be derived by the Government)					
19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY					
a. Name					
b. Mailing Address (Include ZIP Code)					
c. Location of Training Site (If other than 19b)					
20. COURSE CODES					
a. Purpose		f. Security Clearance		k. Training Program	
b. Type		g. Allocation Status		l. Reason for Selection	
c. Source		h. Priority		23. TRAINING PERIOD (YYYYMMDD)	
d. Special Interest		i. Training Level		a. Start	
e. Training Vendor		j. Method of Training		b. Complete	
			21. COURSE HOURS (4 digits)		
			22. COURSE IDENTIFIERS		
			a. Duty		a. SAID
			b. Non-duty		b. Catalog/Course No.
			c. TOTAL		c. Offering/TLN

### SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box →					
25. DIRECT COSTS		26. INDIRECT COSTS (For information only)		27. ACCOUNTING CLASSIFICATION	
a. Tuition cost		a. Travel cost			
b. Books, material, other costs		b. Per diem/other costs			
c. Total direct costs		c. Total indirect costs			
d. Funding source		28. LABOR COSTS		29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)	
31. JOB ORDER NO.		30. TOTAL OF DIRECT & INDIRECT COSTS			

### SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION

32. SUPERVISOR: I certify training is job related and nominee meets prerequisites.				33. TRAINING OFFICER: I certify this training meets regulatory requirements.			
a. Typed Name (Last, First, Middle Initial)		b. Phone Number (Include area code)		a. Typed Name (Last, First, Middle Initial)		b. Phone Number (Include area code)	
c. Signature & Title		d. Date (YYYYMMDD)		c. Signature & Title		d. Date (YYYYMMDD)	
34. AUTHORIZING OFFICIAL				35. COURSE ACCEPTANCE (To be completed by school official)			
a. Action (X one) →		(1) Approved		(2) Disapproved			
b. Typed Name (Last, First, Middle Initial)		c. Phone Number (Include area code)		a. Accepted		c. School Official Signature	
				b. Not Accepted		d. Date (YYYYMMDD)	
36. COURSE COMPLETION (To be completed by school official)							
a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →				b. Actual Completion Date (YYYYMMDD)		c. Grade	
d. Signature & Title				e. Date (YYYYMMDD)			
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to:				38. CERTIFYING GOVERNMENT OFFICIAL			
				a. I certify that this account is correct and proper for payment in the amount of: \$			
				b. Signature & Title		c. Date Signed (YYYYMMDD)	
				d. DSSN Number		e. Check Number	
						f. Voucher Number	

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

<b>REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT</b>												
A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)			B. STANDARD DOCUMENT NUMBER (Org identifier/FY/Doc./type code/Serial Number)			C. REQUEST STATUS OR PROCESS CODE (X one)			D. AMENDMENT NO.			
						(1) Initial      (2) Resubmission						
						(3) Correction      (4) Cancellation						
<b>SECTION A - TRAINEE / APPLICANT INFORMATION</b>												
1. NAME (Last, First, Middle Initial)				2. 1st 5 LETTERS OF LAST NAME		3. SOCIAL SECURITY NUMBER		4. ED. LEVEL		5. CONTINUOUS FEDERAL SVC. a. Years      b. Months		
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)				7. TELEPHONE NUMBERS (Include area code) a. Home b. Office		8. POSITION TITLE						
11. ORGANIZATION NAME				(1) Commercial (2) DSN		9. POSITION LEVEL (X one) a. Executive b. Manager		10. PAY PLAN/SERIES/GRADE/STEP (Rank/MOS/AFSC/or Navy Designator)				
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)				13. ORGANIZATION UIC		c. Supervisory d. Non-Supervisory		14. TYPE OF APPOINTMENT		15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS		
				16. ARE YOU HANDICAPPED OR DISABLED? (X one) Yes      No		e. Other (Specify)						
<b>SECTION B - TRAINING COURSE DATA</b>												
17. COURSE TITLE												
18. TRAINING OBJECTIVES (Benefits to be derived by the Government)						19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY a. Name b. Mailing Address (Include ZIP Code)						
20. COURSE CODES a. Purpose      f. Security Clearance      k. Training Program b. Type      g. Allocation Status      l. Reason for Selection c. Source      h. Priority      23. TRAINING PERIOD (YYYYMMDD) d. Special Interest      i. Training Level      a. Start e. Training Vendor      j. Method of Training      b. Complete						21. COURSE HOURS (4 digits) a. Duty      b. Non-duty      c. TOTAL		22. COURSE IDENTIFIERS a. SAID      b. Catalog / Course No.      c. Offering / TLN				
<b>SECTION H - EVALUATION</b>												
<b>PART I (To be completed by trainee)</b>												
48. WAS COURSE COMPLETED? (X one) a. Yes b. No (Return this form with a memo explaining circumstances)			49. ACTUAL COURSE DATES a. Commenced (YYYYMMDD)      b. Completed (YYYYMMDD)			50. ACTUAL COURSE HOURS a. Duty      b. Non-duty			51. ACADEMIC GRADE/SCORE			
52. WERE ALL SESSIONS ATTENDED? (X one) a. Yes b. No (Explain)												
<b>AREAS OF EVALUATION</b> <small>X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.</small>										<b>RATING</b>		
										A	B	C
53. STATED OBJECTIVE ACCOMPLISHED												
54. COVERAGE OF SUBJECT MATTER												
55. ORGANIZATION OF SUBJECT MATTER												
56. SUITABILITY OF INSTRUCTIONAL MATERIALS												
57. LEVEL OF DIFFICULTY												
58. LENGTH OF COURSE												
59. AMOUNT OF OUTSIDE OR EVENING WORK												
60. EFFECTIVENESS OF INSTRUCTORS												
61. APPLICABILITY OF SUBJECT MATTER TO JOB												
62. FACILITIES												
63. RECOMMENDATION TO COLLEAGUES												
64. MEET CAREER DEVELOPMENT PLANS												

**SECTION H - EVALUATION (Continued)****PART II (To be completed by trainee)**

65. COMMENTS ON STRONG POINTS OF COURSE

66. COMMENTS ON WEAK POINTS OF COURSE

67. WHAT WERE YOUR OBJECTIVES IN TAKING THIS COURSE? WERE THEY MET?

68. DO YOU RECOMMEND THIS PROGRAM FOR OTHERS? IF SO, WHOM?

69. ADDITIONAL COMMENTS

70.a. SIGNATURE OF TRAINEE

b. Date signed  
(YYYYMMDD)**PART III (To be completed by trainee's immediate supervisor)**

71. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THE EMPLOYEE? (X one)

Yes

No

72. WERE THE OBJECTIVES OF THE TRAINING ACHIEVED?

73. ADDITIONAL COMMENTS

74.a. SIGNATURE OF SUPERVISOR

b. Date Signed  
(YYYYMMDD)

PERSONNEL USE ONLY

**DD FORM 1556 -  
REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To request training by employees or military personnel and to document the authorization for expenses of such training, agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

**ROUTINE USE(S):** Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

**GENERAL INSTRUCTIONS**

This is a multi-purpose form. It will be used for all training incidents. Specific guidelines for data input will be set by each DoD component. Data required by the Office of Personnel Management.

**COPY DISTRIBUTION**

**Copy 1:** File in the training/personnel folder.

**Copy 2:** For Agency ADP System.

**Copy 3:** Give vendor to nominate employee.

**Copy 4:** Give vendor as the obligation for approved costs.

**Copy 5:** Give vendor to return to confirm nomination status.

**Copy 6:** Give finance office to authorize payments.

**Copy 7:** Give finance office to authorize any separate payments for books, material or other costs.

**Copy 8:** Give employee.

**Copy 9:** Use to evaluate training.

**Copy 10:** Keep at originating office.

**COMPLETION INSTRUCTIONS**

**Item A** - May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required.

**Item B** - Follow DoD component instructions.

**Item C** - Follow local procedures. Normally X beside "initial."

**Item D** - If this is an amendment, enter number.

**SECTION A - TRAINEE / APPLICANT INFORMATION**

**Item 1** - Fill in trainee's name. If more than one nominee, list on separate sheet.

**Item 2** - Enter first five letters of trainee's last name.

**Item 3** - Enter trainee's Social Security number.

**Item 4** - Enter appropriate code for trainee's educational level.

00 - Not applicable

01 - No formal or some elementary

02 - Elementary graduate

03 - Some high school

04 - High school graduate or  
certificate of equivalency

05 - Terminal Occupational  
Program (TOP)

06 - TOP Certificate

07 - Started college

08 - 1 year of college

09 - 2 years of college

10 - Associate Degree

11 - 3 years of college

12 - 4 years of college

13 - Bachelor Degree

14 - Post Bachelor

15 - 1st Professional

16 - Post 1st Professional

17 - Master Degree

18 - Post Master

19 - 6th year Degree

20 - Post 6th year

21 - Doctorate Degree

22 - Post Doctorate

**Item 12** - Enter trainee's organization mailing address.

**Item 13** - Enter submitting organization's six digit unit identification code (UIC). (See DoD component instructions.)

**Item 14** - Enter appropriate code or abbreviation.

CC - Career Conditional

C - Career

T - Temporary

E - Excepted

1 - Regular

2 - Reserve

3 - National Guard

I - Intermittent

**Item 15** - To be computed and filled in by the nominating training office.

**Item 16** - Self-explanatory

**SECTION B - TRAINING COURSE DATA**

**Items 17, 18, and 19** - Self explanatory.

**Item 20** - Course Codes- Next page.

**Item 21** - Total hours are determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory. Enter one hour or more; round fractions up.

**Item 22a** - Follow DoD component instruction.

**Item 22b** - Enter training source catalog/course ID number.

**Item 22c** - Follow local procedures.

**Items 23a & b** - Enter in year, month, day sequence the course dates (In YYYYMMDD format, e.g., June 15, 2000 would be entered as 20000615).

# DD FORM 1556 INSTRUCTIONS *(Continued)*

## SECTION B - TRAINING COURSE DATA *(Continued)*

**Item 20 - COURSE CODES** - Enter appropriate codes from those listed below.

### A - PURPOSE

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| 1 - Mission or program change   | 5 - Meet future staffing needs    |
| 2 - New technology              | 6 - Develop unavailable skills    |
| 3 - New work assignment         | 7 - Trade or craft apprenticeship |
| 4 - Improve present performance | 8 - Orientation                   |
|                                 | 9 - Adult basic education         |

### B - TYPE

- |   |                             |
|---|-----------------------------|
| 1 - Executive and management                  | 5 - Specialty and technical |
| 2 - Supervisory                               | 6 - Clerical                |
| 3 - Legal, medical, scientific or engineering | 7 - Trade or craft          |
| 4 - Administration and analysis               | 8 - Orientation             |
|   | 9 - Adult basic education   |

### C - SOURCE

- |                     |   |
|---------------------|---|
| A - US Army         | S - Defense Logistics Agency            |
| D - Other DoD       | 2 - Government-Interagency              |
| F - US Air Force    | 3 - Non-Government, designed for agency |
| M - US Marine Corps | 4 - Non-Government - off-shelf          |
| N - US Navy         | 5 - State or local Government           |

### D - SPECIAL INTEREST

- 0 - No special program    1 - Executive Development    2 - Supervision

### E - TRAINING VENDOR

Follow DoD component instructions.

### F - SECURITY CLEARANCE OF COURSE

- U - Unclassified    C - Confidential    S - Secret    T - Top Secret

### G - ALLOCATION STATUS

- 1 - Primary    2 - Alternate    3 - Space Available

### H - PRIORITY

Enter priority 1, 2, or 3 in accordance with DoD Instruction 1400.25-M, chapter 410.

### I - TRAINING LEVEL

- |                 |                        |                            |
|-----------------|------------------------|----------------------------|
| 1 - Elementary  | 3 - Vocational/        | 4 - College, undergraduate |
| 2 - High School | Technical/Secretarial/ | 5 - College, graduate      |
|                 | Business/Commercial/   | 6 - College, post graduate |
|                 | Administrative         |                            |

### J - METHOD OF TRAINING

- |                                  |                          |
|----------------------------------|--------------------------|
| 1 - On-the-job training (formal) | 6 - Directed study       |
| 2 - Rotation of work assignment  | 7 - Classroom (resident) |
| 3 - Seminar (training)           | 8 - Classroom (on site)  |
| 4 - Conference/meeting/symposium | 9 - Test/Equivalency     |
| 5 - Correspondence               |                          |

### K - TRAINING PROGRAM

Follow DoD component instructions.

### L - REASON FOR SELECTION OF COURSE

- 1 - Quality of training
- 2 - Most cost effective
- 3 - Unique capability of training source
- 4 - Location
- 5 - Not available in Government
- 6 - Incidental to procurement of equipment
- 7 - Timeliness

## SECTION C - COSTS AND BILLING INFORMATION

**Item 24** - X if applicable.

**Items 25a & b** - Enter dollars and cents.

**Item 25c** - Sum of items 25a & b. *(See Note below)*

**Item 25d** - Follow DoD component instructions.

**Items 26a & b** - Enter dollars and cents.

**Item 26c** - Sum of items 26a & b. *(See Note below)*

**Items 27 & 29** - For finance office use. Enter only one accounting classification on each DD 1556.

**Items 28 & 31** - Follow local procedures.

**Item 30** - Sum of items 25c & 26c.

**Note:** For a group, totals are for all trainees.

## SECTION D - APPROVALS/CONCURRENCE/ CERTIFICATION

**Item 32** - To be certified/signed by supervisor of trainee.

**Item 33** - To be certified/signed by the official designated CPO Head of Training.

**Item 34** - Follow local procedures.

**Item 35** - School official complete, sign, date and return copy 5.

**Item 36** - If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in item 33.

**Items 37 & 38** - Follow local procedures.

## SECTION E - TRAINEE AGREEMENT/CERTIFICATION

*(Back of Copy 1)*

The trainee (applicant) must read and understand the statements contained in this section. If there are any questions, please contact the nominating activity Training Office.

**Item 38f** - To be completed by nominating Training Office.

**Item 39** - To be signed and dated by employee nominated for non-government training.

## SECTION F - TRAINING VENDOR

*(Back of Copies 3, 4 & 5)*

**Items 40 & 43** - Instructions on back of copy 3.

**Item 44** - Back of Copy 5 - Mailing Address Nominating Agency - To be filled in by nominating Training Office.

## SECTION G - FINANCE

*(Back of Copies 6 & 7)*

**Items 45, 46, or 47** as appropriate, filled in by the nominating activity Training Office.

## SECTION H - EVALUATION

*(Copy 9)*

To be completed by trainee and immediate supervisor after training is completed *(following agency instructions)*.